PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									Application or Docket Number			
CLAIMS AS FILED - PART I								SMALL ENT	MTY	OR	OTHER SMALL E	
u.s	NATIONAL	STAGE FEES	(Column	11)	<u> </u>	(Column 2)	<b>i</b> J	RATE	FEE	1	RATE	
	SIC FEE	)///	SMALL ENT.	- 9 150	IAR	GE ENT. = \$ 300	1	BASIC FEE	PEL			FEE
	AMINATION FEI		Satisfies PCT Ar	vticie 33(1)-	All off	ther situations =	<b>!</b>		<del>                                     </del>	1	BASIC FEE	200
			(4) = \$ 50 / U.S. is ISA = \$	/\$ 100 5 50 /\$ 100	\$	\$ 100 / \$ 200 ther situations =	1 1	EXAM. FEE	<u> </u>	1 '	EXAM. FEE	20
SEA	ARCH FEE		ALL other course \$ 200 / \$ 4	untries =	All of	ther situations = \$ 250 / \$ 500	1 /	SEARCH FEE		1	SEARCH FEE	100
FEE	FOR EXTRA S	PEC. PGS.	minı	us 100 =		/ 50 =	1	X \$ 125 =		1. 1	X \$ 250 =	
тот	TAL CHARGEAE	BLE CLAIMS	2/ min	nus 20 =	•	$\mathcal{J}$	1	X \$ 25 =		OR	X \$ 50 =	50
IND	EPENDENT CL	AIMS	5 m	ninus 3 =	.2	,	1	X \$ 100 =		OR	X \$ 200 =	400
MUL	TIPLE DEPEN	IDENT CLAIM PRE	ESENT					+ \$ 180 =	· _	OR	+ \$ 360 =	<del>                                     </del>
· If	the difference	e in column 1 is l	less than zero	, enter °C	)" in co	olumn 2	_	TOTAL		OR.	TOTAL	1,057
						(Column 3)		SMALL E	NTITY	OR	OTHER SMALL E	
NT A	1/P/00	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHI NUME PREVIO PAID I	MBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FFE
AMENDMENT A	Total	. 91	Minus	<del>"</del> 2	<u>ii</u>	<b>=</b>		X \$ 25 =		OR	X \$ 50 =	7
AME	Independent	• 5	Minus	***	5	= /		X \$ 100 =		.OR	X \$ 200 =/	
	FIRST PRES	SENTATION OF M	IULTIPLE DEPF	ENDENT (	CLAIM		ι.	+ \$ 180 =		OR	+ \$ 360 =	
•								TOTAL ADDIT. FEE		OR	TOTAL/ADDIT.	
i	-	(Column 1)	•	(Colum	~~ 2)	(Column 3)		•	<u></u> -		,	,
NT B		CLAIMS REMAINING - AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	IEST IBER OUSLY	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total		Minus	••		Ė		X \$ 25 =		OR	X \$ 50 =	
AME	independent	•	Minus	***	•	=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT			NDENT C	CLAIM			+ \$ 180 =		OR	+ \$ 360 <del>=</del>	·
							. 1	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												